

FILED OCT 26 1954
XC # 762 94 88
REG # 2960 SL # 2441

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35466**
Registrar's No. **8670**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 38 DAYS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 1016 ELLIOTT	8129
3. NAME OF DECEASED (Type or Print) a. (First) WESLEY b. (Middle) S c. (Last) HINDERHAM			4. DATE OF DEATH (Month) (Day) (Year) 9-19-54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-29-89
9. AGE (in years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATING ENGINEER	11. BIRTHPLACE (City and State or Foreign Country) SHARONVILLE, OHIO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY OIL COMPANY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM HINDERHAM		13b. MOTHER'S MAIDEN NAME ROSE WOOLARY	14. NAME OF HUSBAND OR WIFE HATTIE HINDERHAM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP RECORDS, ST. LOUIS, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) and to the underlying cause last. DIABETES MELLITUS (b) FRACTURED LEFT FEMUR (c) FRACTURED LEFT FEMUR II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS 7 YEARS 1 1/2 MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Alton, Illinois 260XF		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8-3-54	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in back yard	
22. I hereby certify that I attended the deceased from 8-12-54 , 19___, to 9-19-54 , 19___, and that death occurred at 9:30 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Michael Santiago (Degree or title)		23b. ADDRESS VAH, ST. LOUIS, MISSOURI	
23c. DATE SIGNED 9-19-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9-20-54		24c. NAME OF CEMETERY OR CREMATORY Alton	
24d. LOCATION (City, town, or county) (State) Alton Ill.		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Alton Ill.	
DATE REC'D BY LOCAL REG. SEP 22 1954		REGISTRAR'S SIGNATURE Carl Smith	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Baron Linn....., Student Embalmer No. 579 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Baron Linn.....

Licensed Embalmer No. 579

P. O. Address Altamont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.